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## BIB DATA SHEET

CONFIRMATION NO. 5006

<b>SERIAL NUMBER</b> 10/750,165	<b>FILING or 371(c) DATE</b> 12/31/2003 <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 341148021US	
<b>APPLICANTS</b> J. Nelson Wright, Mercer Island, WA; Laurence J. Newell, Mercer Island, WA; Edward J. Vertatschitsch, Bellevue, WA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/05/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /Iman K Acknowledged Kholdebarin/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWINGS</b> 15	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> CALYPSO MEDICAL / PERKINS COIE, LLP P.O. BOX 1247 SEATTLE, WA 98111-1247 UNITED STATES					
<b>TITLE</b> Receiver used in marker localization sensing system and tunable to marker frequency					
<b>FILING FEE RECEIVED</b> 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		